

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***ALL STATES* 1999 TABLES**

Nine tables for each State and the totals across all states (this set) show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

United States Data Comments
Managed Care Enrollment: The most significant problem with the data in these tables is the absence of information on enrollees in managed care (summarized below). In fact, some states' entire Medicaid populations were in managed care, and 11 states had over 50% of their Medicaid populations in managed care for their full enrollment period. All of these beneficiaries are excluded from Tables 2 through 9.
Diagnosis Codes: Since diagnosis coding was the most-used criterion in identifying the MH population, it is problematic that 16 states had identified and significant problems with these codes.
Race: Seventeen states had significant quality problems with race reporting.
Missing Claims: Five states were known to exclude or under-report claims for inpatient psychiatric facilities.
Emergency Room Services: Four states were known not to include adequate information to allow accurate identification of emergency room services.

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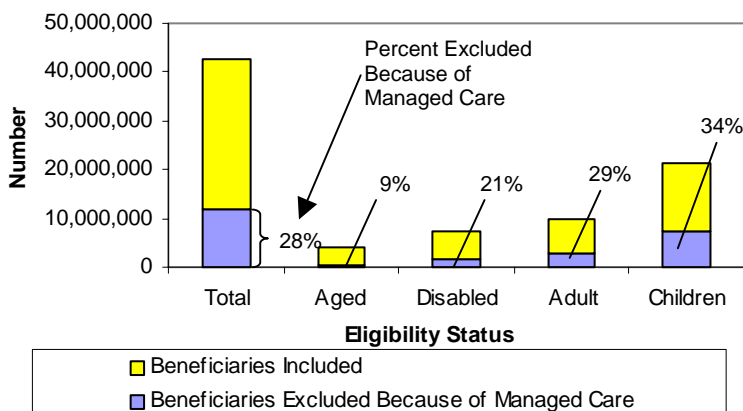
UNITED STATES DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in United States by Eligibility Group



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. The United State's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
ALL STATES, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	42,551,405	100%	30,631,745	72%	\$153,374,583,168	100%	\$117,175,699,689	76%
Age								
0-3	6,388,435	15%	4,500,101	70%	\$10,633,648,245	7%	\$6,174,989,689	58%
4-5	2,626,992	6%	1,714,553	65%	\$2,733,265,432	2%	\$1,370,063,337	50%
6-12	7,973,504	19%	5,105,170	64%	\$9,889,824,484	6%	\$5,103,886,850	52%
13-18	5,034,218	12%	3,410,846	68%	\$9,254,294,537	6%	\$5,456,719,690	59%
19-21	2,005,125	5%	1,504,859	75%	\$4,513,047,663	3%	\$3,007,649,459	67%
22-44	9,620,244	23%	6,990,292	73%	\$36,969,928,036	24%	\$27,188,517,007	74%
45-64	3,869,390	9%	2,894,929	75%	\$30,132,564,212	20%	\$24,453,751,167	81%
65 and older	4,912,238	12%	4,393,262	89%	\$49,112,227,339	32%	\$44,305,259,532	90%
Gender								
Female	25,509,633	60%	18,606,849	73%	\$92,458,341,141	60%	\$70,805,798,678	77%
Male	16,945,967	40%	11,933,822	70%	\$60,767,851,855	40%	\$46,240,557,792	76%
Race								
White	18,811,272	44%	13,751,942	73%	\$86,834,522,043	57%	\$68,594,832,288	79%
Black	10,971,774	26%	7,703,935	70%	\$30,950,448,675	20%	\$22,197,166,058	72%
Hispanic	8,091,780	19%	5,776,851	71%	\$14,350,167,314	9%	\$9,291,694,774	65%
American Indian/Alaskan Native	554,494	1%	382,932	69%	\$1,516,844,279	1%	\$929,558,623	61%
Asian/Pacific Islander	1,178,575	3%	659,415	56%	\$2,444,098,471	2%	\$1,436,324,750	59%
Other/Unknown	2,943,510	7%	2,356,670	80%	\$17,278,502,386	11%	\$14,726,123,196	85%
Dual Status								
Aged Duals with Full Medicaid	3,965,626	9%	3,540,607	89%	\$45,187,510,653	29%	\$41,055,504,745	91%
Disabled Duals with Full Medicaid	1,920,151	5%	1,625,772	85%	\$22,332,904,063	15%	\$19,945,359,426	89%
Duals with Limited Medicaid	880,727	2%	819,041	93%	\$1,742,164,724	1%	\$1,236,046,251	71%
Other Duals	56,935	0%	41,018	72%	\$385,443,896	0%	\$320,409,776	83%
Disabled Non-Duals	4,527,280	11%	3,390,548	75%	\$40,663,461,198	27%	\$31,157,622,699	77%
All Other Non-Duals	31,200,686	73%	21,214,759	68%	\$43,063,098,634	28%	\$23,460,756,792	54%
Eligibility Group								
Aged	4,247,144	10%	3,851,286	91%	\$43,951,339,673	29%	\$39,833,445,344	91%
Disabled	7,356,018	17%	5,809,899	79%	\$68,398,041,299	45%	\$55,733,516,840	81%
Adults	9,680,936	23%	6,867,433	71%	\$16,332,012,836	11%	\$9,253,455,777	57%
Children	21,263,375	50%	14,100,429	66%	\$24,685,997,534	16%	\$12,351,825,706	50%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
ALL STATES, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	30,631,745	3,048,502	10%	\$117,175,699,689	\$31,817,169,831	27%
Age						
0-3	4,500,101	41,335	1%	\$6,174,989,689	\$229,216,536	4%
4-5	1,714,553	72,008	4%	\$1,370,063,337	\$242,161,169	18%
6-12	5,105,170	540,897	11%	\$5,103,886,850	\$2,094,462,368	41%
13-18	3,410,846	408,293	12%	\$5,456,719,690	\$2,623,981,862	48%
19-21	1,504,859	83,540	6%	\$3,007,649,459	\$743,963,984	25%
22-44	6,990,292	902,931	13%	\$27,188,517,007	\$9,579,706,048	35%
45-64	2,894,929	613,774	21%	\$24,453,751,167	\$8,389,291,160	34%
65 and Older	4,393,262	385,586	9%	\$44,305,259,532	\$7,913,651,044	18%
Gender						
Female	18,606,849	1,689,874	9%	\$70,805,798,678	\$17,591,881,385	25%
Male	11,933,822	1,357,209	11%	\$46,240,557,792	\$14,211,762,711	31%
Race						
White	13,751,942	1,798,753	13%	\$68,594,832,288	\$19,349,810,669	28%
Black	7,703,935	641,892	8%	\$22,197,166,058	\$5,821,567,134	26%
Hispanic	5,776,851	233,338	4%	\$9,291,694,774	\$1,788,443,405	19%
American Indian/Alaskan Native	382,932	33,792	9%	\$929,558,623	\$273,177,785	29%
Asian/Pacific Islander	659,415	26,304	4%	\$1,436,324,750	\$231,548,744	16%
Other/Unknown	2,356,670	314,423	13%	\$14,726,123,196	\$4,352,622,094	30%
Dual Status						
Aged Duals with Full Medicaid	3,540,607	344,914	10%	\$41,055,504,745	\$7,237,641,891	18%
Disabled Duals with Full Medicaid	1,625,772	457,805	28%	\$19,945,359,426	\$7,014,472,731	35%
Duals with Limited Medicaid	819,041	56,620	7%	\$1,236,046,251	\$278,476,604	23%
Other Duals	41,018	8,618	21%	\$320,409,776	\$103,142,896	32%
Disabled Non-Duals	3,390,548	917,729	27%	\$31,157,622,699	\$11,892,809,913	38%
All Other Non-Duals	21,214,759	1,262,816	6%	\$23,460,756,792	\$5,290,625,796	23%
Eligibility Group						
Aged	3,851,286	321,164	8%	\$39,833,445,344	\$6,825,275,528	17%
Disabled	5,809,899	1,475,278	25%	\$55,733,516,840	\$20,065,171,099	36%
Adults	6,867,433	376,628	5%	\$9,253,455,777	\$1,589,653,946	17%
Children	14,100,429	875,360	6%	\$12,351,825,706	\$3,336,700,791	27%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
ALL STATES, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	410,478	13%	12,332	1%	341,877	23%	56,266	15%
Major depression and affective psychoses	604,842	20%	88,339	8%	428,919	28%	87,573	23%
Other psychoses	122,955	4%	10,701	1%	59,197	4%	53,054	14%
Childhood psychoses	36,840	1%	28,661	3%	7,377	0%	801	0%
Neurotic & other depressive disorders	673,683	22%	142,631	12%	426,684	28%	104,319	27%
Personality disorders	28,867	1%	6,709	1%	19,207	1%	2,948	1%
Other mental disorders	57,478	2%	10,375	1%	21,798	1%	25,295	7%
Special symptoms or syndromes	91,778	3%	37,214	3%	44,224	3%	10,326	3%
Stress & adjustment reactions	368,558	12%	227,927	20%	119,709	8%	20,906	5%
Conduct disorders	159,033	5%	100,798	9%	37,963	3%	20,263	5%
Emotional disturbances	123,602	4%	121,273	11%	2,036	0%	290	0%
Hyperkinetic syndrome	364,387	12%	357,266	31%	6,846	0%	263	0%
No Diagnosis	6,001	0%	1,847	0%	868	0%	3,282	1%
Total	3,048,502	100%	1,146,073	100%	1,516,705	100%	385,586	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
ALL STATES, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	46	24	868	1	913	5%	2	3,337	19%	10
	4-5	128	34	125	12	249	1%	23	874	3%	6
	6-12	3,598	59	2,718	14	6,051	3%	41	3,703	2%	7
	13-18	12,428	58	10,318	12	21,618	12%	39	12,806	7%	6
	19-21	1,978	45	3,413	11	5,093	10%	25	11,716	23%	5
	22-44	5,293	9	50,786	10	54,620	10%	10	91,809	16%	6
	45-64	3,130	10	29,143	10	31,462	8%	11	78,396	20%	7
	65+	7,831	82	9,647	3	17,078	6%	39	83,794	29%	2
	All Ages	34,432	51	107,019	10	137,085	8%	20	286,436	17%	5
Male	0-3	93	33	962	1	1,055	4%	4	4,293	18%	10
	4-5	427	53	339	12	752	2%	36	1,460	3%	6
	6-12	10,365	62	7,171	15	16,749	5%	45	7,153	2%	6
	13-18	15,555	68	9,888	14	24,269	10%	49	6,257	3%	8
	19-21	2,984	49	3,608	15	6,203	19%	32	2,409	7%	14
	22-44	6,056	10	45,897	11	49,918	15%	12	44,753	13%	9
	45-64	2,584	10	19,590	10	21,424	10%	11	44,699	20%	9
	65+	4,430	96	3,421	6	7,687	8%	58	30,576	31%	3
	All Ages	42,495	56	90,878	12	128,060	9%	27	141,601	10%	7
Total	0-3	139	30	1,831	1	1,969	5%	3	7,634	18%	10
	4-5	557	48	464	12	1,003	1%	32	2,334	3%	6
	6-12	13,996	61	9,889	14	22,833	4%	44	10,859	2%	6
	13-18	28,097	64	20,209	13	46,002	11%	45	19,092	5%	6
	19-21	4,964	47	7,022	13	11,298	14%	29	14,129	17%	6
	22-44	11,349	9	96,685	11	104,540	12%	11	136,562	15%	7
	45-64	5,714	10	48,734	10	52,887	9%	11	123,096	20%	8
	65+	12,261	87	13,068	4	24,765	6%	45	114,370	30%	2
	All Ages	77,083	54	197,905	11	265,306	9%	23	428,139	14%	6

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
ALL STATES, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	7,569	43%	0.11	2.24	2.35	553,903	26%	1.87
	4-5	8,126	31%	0.10	1.88	1.98	142,126	18%	1.61
	6-12	46,184	26%	0.18	1.72	1.90	314,991	14%	1.54
	13-18	66,888	38%	0.34	1.98	2.31	267,377	16%	1.72
	19-21	26,020	51%	0.38	2.70	3.08	231,123	20%	1.90
	22-44	254,166	45%	0.43	2.93	3.36	826,421	18%	1.99
	45-64	155,837	40%	0.40	2.94	3.34	310,010	24%	2.52
	65+	81,178	28%	0.26	2.86	3.12	392,027	14%	2.67
	All Ages	645,970	38%	0.36	2.71	3.07	3,038,122	18%	2.02
Male	0-3	10,749	45%	0.10	2.32	2.43	633,334	28%	1.95
	4-5	15,557	34%	0.12	1.89	2.01	162,473	19%	1.65
	6-12	96,688	27%	0.21	1.64	1.85	331,100	15%	1.55
	13-18	71,032	31%	0.27	1.68	1.95	197,887	15%	1.55
	19-21	12,700	39%	0.61	2.18	2.79	44,189	15%	1.82
	22-44	123,124	36%	0.77	2.68	3.45	250,935	18%	2.33
	45-64	74,412	34%	0.63	3.01	3.63	208,546	21%	2.54
	65+	28,609	29%	0.33	2.90	3.23	145,633	13%	2.64
	All Ages	432,876	32%	0.47	2.30	2.77	1,974,245	19%	1.98
Total	0-3	18,331	44%	0.11	2.29	2.40	1,187,689	27%	1.91
	4-5	23,693	33%	0.11	1.88	2.00	304,625	19%	1.63
	6-12	142,964	26%	0.20	1.66	1.86	646,166	14%	1.55
	13-18	138,221	34%	0.30	1.82	2.13	465,333	16%	1.65
	19-21	38,735	46%	0.46	2.53	2.99	275,319	19%	1.89
	22-44	377,299	42%	0.54	2.85	3.39	1,077,377	18%	2.07
	45-64	230,252	38%	0.47	2.96	3.43	518,572	23%	2.53
	65+	109,787	28%	0.28	2.87	3.15	537,667	13%	2.66
	All Ages	1,079,330	35%	0.40	2.54	2.95	5,017,785	18%	2.00

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
ALL STATES, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	226,616	5%	6,857	17%	219,759	5%
4-5	118,759	7%	25,508	35%	93,251	6%
6-12	570,244	11%	313,392	58%	256,852	6%
13-18	349,359	10%	206,740	51%	142,619	5%
19-21	111,872	7%	46,925	56%	64,947	5%
22-44	1,411,796	20%	701,936	78%	709,860	12%
45-64	1,244,634	43%	525,043	86%	719,591	32%
65+	1,637,203	37%	292,034	76%	1,345,169	34%
All Ages	5,671,201	19%	2,118,453	69%	3,552,748	13%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ALL STATES, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	12,332	39%	69%	22%	7%	5%	48%	8%
Major depression and affective psychoses	88,339	54%	27%	17%	8%	15%	37%	17%
Other psychoses	10,701	30%	57%	18%	4%	10%	38%	14%
Childhood psychoses	28,661	21%	25%	18%	1%	17%	23%	29%
Neurotic & other depressive disorders	142,631	35%	9%	14%	1%	10%	17%	32%
Personality disorders	6,709	25%	14%	9%	3%	19%	19%	29%
Other mental disorders	10,375	11%	7%	13%	1%	7%	8%	49%
Special symptoms or syndromes	37,214	12%	5%	12%	0%	5%	6%	57%
Stress & adjustment reactions	227,927	15%	5%	8%	1%	12%	10%	44%
Conduct disorders	100,798	19%	12%	9%	2%	17%	15%	35%
Emotional disturbances	121,273	18%	9%	9%	1%	19%	14%	37%
Hyperkinetic syndrome	357,266	20%	9%	9%	1%	72%	24%	11%
No Diagnosis	1,847	16%	9%	8%	1%	5%	10%	26%
Total	1,146,073	23%	11%	11%	2%	31%	19%	48%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ALL STATES, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	341,877	43%	86%	41%	9%	0%	61%	3%
Major depression and affective psychoses	428,919	73%	40%	53%	11%	2%	63%	7%
Other psychoses	59,197	40%	67%	37%	4%	1%	50%	10%
Childhood psychoses	7,377	36%	54%	40%	5%	1%	45%	14%
Neurotic & other depressive disorders	426,684	64%	16%	52%	1%	1%	45%	13%
Personality disorders	19,207	54%	36%	42%	5%	2%	47%	18%
Other mental disorders	21,798	36%	25%	36%	2%	1%	31%	29%
Special symptoms or syndromes	44,224	40%	12%	37%	1%	1%	26%	34%
Stress & adjustment reactions	119,709	50%	16%	38%	2%	1%	34%	25%
Conduct disorders	37,963	36%	37%	37%	4%	1%	36%	25%
Emotional disturbances	2,036	28%	27%	37%	3%	1%	29%	30%
Hyperkinetic syndrome	6,846	44%	18%	30%	3%	38%	41%	16%
No Diagnosis	868	32%	10%	25%	1%	1%	20%	32%
Total	1,516,705	58%	42%	46%	6%	1%	52%	19%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ALL STATES, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	56,266	34%	81%	38%	4%	0%	52%	5%
Major depression and affective psychoses	87,573	69%	42%	52%	6%	1%	61%	6%
Other psychoses	53,054	37%	45%	36%	1%	0%	38%	23%
Childhood psychoses	801	33%	53%	36%	2%	0%	39%	23%
Neurotic & other depressive disorders	104,319	58%	24%	52%	1%	1%	45%	13%
Personality disorders	2,948	43%	47%	42%	2%	1%	45%	17%
Other mental disorders	25,295	29%	30%	32%	1%	0%	28%	34%
Special symptoms or syndromes	10,326	37%	24%	44%	0%	0%	32%	27%
Stress & adjustment reactions	20,906	47%	24%	41%	0%	1%	36%	19%
Conduct disorders	20,263	28%	22%	31%	1%	0%	23%	42%
Emotional disturbances	290	22%	27%	42%	1%	0%	25%	33%
Hyperkinetic syndrome	263	29%	20%	33%	1%	6%	24%	35%
No Diagnosis	3,282	23%	27%	26%	0%	0%	23%	22%
Total	385,586	49%	40%	44%	2%	1%	45%	24%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).